BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHODS, APPARAT	TUS, COMPUTE	R PROGRAM AND ST	ORAGE MEDIUM	4 FOR POSITION D	ECODING	 		
Fill in Appropriate	the specification of whic		eto. If not attached her	eto, the application	n is identified by the	attorney docket	number as set		
	forth above and/or the f								
Information -	The specification w						as		
For Use Without				-		/:C1:1-1	; 		
Specification	and amended on _	. (1) 1	20. 2004						
Attached:	the specification wa	as filed on April	29, 2004 DCT (CE2004 (00044)	`			as PCT		
	amended on	cation Number_	PCT/SE2004/000660	<u>, </u>			; and was plicable)		
	amended on					(п ар	plicable		
Insert Priority Information: (if appropriate)	amended by any amend: I acknowledge the Regulations, §1.56.	ment referred to duty to disclos do not believe the described in any ation, that the se, that the inventi in any country more than twe ificate on this in legal representaign priority beneisted below and of the applications	e information which is e same was ever know printed publication in ame was not in public on has not been paten y foreign to the Unith elve months (six month vention has been filed tives or assigns, exceptitives or assigns, exceptitives under Title 35, Ur have also identified be non which priority is considered.	is material to pate n or used in the U n any country befo	entability as defined nited States of Amerore my or our invented United States of United States of Amerorica on an application to this application to the United \$119(a)-(d) of any for opplication for patent \$103 Year Filed)	d in Title 37, Conica before my or tition thereof or reformer's certificate issuit on filed by me on, and that no a States of America or inventor's certificate is reformed and the conference or inventor's certificate is reformed and the conference or inventor's certification or inventor or invento	our invention our invention one than one year led before the or my legal pplication for a prior to this in(s) for patentificate having Claimed		
	(Number)	(Country)		(Month/Day/	Year Filed)	Yes	No		
	` ,	` ,,		, , ,,	•	_	_		
			 						
	(Number)	(Country)		(Month/Day/	Year Filed)	Yes	No		
	I hereby claim the benefi	it under Title 35,	United States Code, §1	19(e) of any Unite	d States provisional	applications(s) li	sted below.		
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)					
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	1	Date of Filing (Mont	h/Day/Year)			
Insert Requested Information: (if appropriate)		 ,							
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S.	60/466,036		April 29, 2003		pending				
Application(s): (if any)	(Application Number)		(Filing Date)	((Status - patented, pe	ending, abandon	ed)		
Page 1 of 2 (Rev. 05/2004)	(Application Number)		Filing Date)		(Status - patented, pe	ending, abandon	ed)		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Inventor Insert Date This Document is Signed	Andreas BJÖRKLUND	11/Vas 1/M		2005-10-10						
Insert Residence Insert Citizenship →	Residence (City, State & Country)	/ //	CITIZENSHII	•						
	Lund, Sweden		Sweden							
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)									
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Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Inventor, if any: see above	·									
	Residence (City, State & Country)		CITIZENSHIP)						
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	MAILING ADDRESS (Complete Street Address including City, State & Country)									
Full Name of Fourth	CIVEN NAME / EAMILY NAME	INIVENITODIC CICNIATTIDE		DATE*						
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIP							
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Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)	CITIZENSHIF	DATE*						
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Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i GIVEN NAME/FAMILY NAME	ncluding City, State & Country) INVENTOR'S SIGNATURE		DATE*						
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*DATE OF SIGNATURE